



## OFF-ROAD VEHICLE (ORV) TRAIL IMPROVEMENT PROGRAM GRANT APPLICATION - 2007

*This information is required by authority of Part 811, 1994 PA 451, as amended, to be considered for a grant.*

Type of Application <input type="checkbox"/> New <input type="checkbox"/> Renewal	Type of Project <input type="checkbox"/> Damage Restoration <input type="checkbox"/> Existing Facility Maintenance <input type="checkbox"/> ORV Facility Development
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APPLICATION INFORMATION (Please print or type)		APPLICATION COST SUMMARY	
Sponsor Organization/Agency		Type of Request	Dollar Amount
Primary Contact Person (Name and Title)		Trail Maintenance/Grading	\$
Address		Liability Insurance	\$
City, State, ZIP		Special Projects/Equip. Rental	\$
Telephone Number (   )   -		Damage Restoration	\$
FAX Number (   )   -		Leases	\$
Federal I.D. Number	e-mail address	<b>TOTAL GRANT REQUEST</b>	\$

PROJECT(S) DESCRIPTION AND SCOPE (Attach additional sheets if necessary).	
<u>Project(s) Area Map(s)</u> : Applicant must provide a map of the project area, using Michigan Department of Natural Resources (DNR) ORV trail maps for existing trail maintenance projects located on State or federal forest and county plat book maps as a base for all new trail proposals.	
<u>Damage Restoration</u> : Location(s) must be shown on project area map(s). Describe each item needed to complete the restoration and show the estimated cost of each item. Provide site plan of proposed improvements according to specifications mentioned on page 5 of the instructions.	
Description of Project Item(s)	Cost
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
<b>TOTAL COST</b>	<b>\$</b>
<u>Maintenance of Existing Facilities</u> : Location(s) must be shown on DNR ORV trail maps. Describe what type of maintenance is needed, and show the estimated cost of each project item (show specific items involved in each project).	
Description of Project Item(s)	Cost
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
<b>TOTAL COST</b>	<b>\$</b>

**OFF-ROAD VEHICLE (ORV) TRAIL IMPROVEMENT PROGRAM GRANT APPLICATION - 2007 (CONTINUED)**

<b>PROPOSED ORV FACILITY DEVELOPMENT</b>			
<b>LOCATION</b> - Show location of project on project area map and indicate location of all needed improvements.			
<b>TYPE OF DEVELOPMENT</b> <input type="checkbox"/> Trail <input type="checkbox"/> Route <input type="checkbox"/> Scramble Area	<b>SCOPE OF DEVELOPMENT</b> - List each planned project and specific items under each project. BE SPECIFIC. (Attach additional sheets if necessary).		
	<b>Description of Project Item(s)</b>	<b>Cost</b>	
Size/Length (acres/miles)	1.	\$	
On Existing Roads? <input type="checkbox"/> Yes <input type="checkbox"/> No	2.	\$	
Width	3.	\$	
Jurisdiction <input type="checkbox"/> Michigan Department of Natural Resources	4.	\$	
<input type="checkbox"/> USDA Forest Service	5.	\$	
<input type="checkbox"/> County	<b>TOTAL COST</b>		\$
The sponsor shall certify, to the DNR, that appropriate written permission has been secured for a public trail, route, or use area right-of-way. In addition, the sponsor shall furnish the DNR with the following:			
1. Documentary proof establishing to the DNR's satisfaction, that the sponsor possesses, for the entire term of the contract, the right to enter, occupy, use and maintain the trail, route or area which is the subject of this application. Such documentary evidence may include deeds, leases, licenses, easements or use permits. This evidence must be number coded to correspond to the project area map(s).			
2. A detailed map identifying the specific location of the entire trail, route or area which is the subject of this application and the specific location of each leased section. A list of names and addresses of all landowners involved must be attached to this map. Within 60 days of receiving lease payment, the sponsor must furnish documentary proof of lease payment made to each landowner.			
Miles to be leased = _____ Number of parcels = _____ Total Cost of Leases = \$ _____		<b>MAXIMUM PAYABLE</b> = \$100/mile or \$50/acre.  Rate adjustments may be considered on a case-by-case basis.	
<b>Authorized Signatures (two required):</b> Both of these signatures must appear on all reimbursement requests. At least one signatory must be an officer, employee, or designated representative of the sponsor organization. Sponsor's signatures certify that appropriate written permission has been secured for a public right-of-way for the trail. Please list the first person to contact concerning the application, project agreement or day-to-day operations as the primary contact person.			
<b>SPONSOR SIGNATURES</b>			
Primary Contact Person		Secondary Contact Person	
Name (Print)	Title	Name (Print)	Title
Address		Address	
City, State, ZIP		City, State, ZIP	
Phone number (8 a.m. to 5 p.m.) (     )     -	FAX Number (     )     -	Phone number (8 a.m. to 5 p.m.) (     )     -	FAX Number (     )     -
e-Mail address		e-Mail address	
Signature	Date	Signature	Date

 Return completed application **no later than August 1, 2006** to:

**GRANTS MANAGEMENT**  
**MICHIGAN DEPARTMENT OF NATURAL RESOURCES**  
**PO BOX 30425**  
**LANSING MI 48909-7925**

**NOTE:**  
*Failure of application to be postmarked or arrive by the August 1 deadline will result in the application being automatically rejected.*